J. ERIC DIETZ, EXECUTIVE DIRECTOR

Indiana Government Center South 302 West Washington Street Indianapolis, IN 46204 317-232-3980

PARAMEDIC APPLICATION FOR RECIPROCITY

Applicant's Name					
<u></u>	(Last)	(First)		(Middle)	
Mailing Address					
	(Street)	(City)	((State)	(Zip)
Telephone # (Day)	*	I.D.#	Birt	h Date	
* Please provide eithe	r your Driver's Lic	ense Number or State Iden	tification N	umber.	
	ho, at the time of appl	procity, an applicant shall be after ying for reciprocity, holds curre paramedic.			
residing at an Indiana addre valid application and verific be valid for the duration of from the date that the recipr	ss, may apply to the ag cation of valid status by the applicant's current ocity request is approv ation may apply for fu	ricate or license as a paramedic gency for temporary certificatio by the agency, the agency may is certificate or license or for a period by the director, whichever period certification upon proof or regions.	n as a parame ssue a tempora eriod not to ex period of time	edic. Upon ary certification acceed six (6) is shorter.	receipt of a tion that shall months A person
1. In what state are you curr	ently certified as a Par	ramedic?			
Current State Certification Number		Exp	oiration Date		
3. National Registry Certific	cation Number	Exp	oiration Date		
Have you ever been charged of	or convicted of a crime	other than minor traffic violation	ons?	Yes	No
Applicant's Signature			Date		
Please return this form to:					
	Certification Supervi	sor, Indiana Department of Hor	meland Secur	ity	

302 West Washington, Room E239, Indianapolis, IN 46204

Questions? Please call us at 1-800-666-7784